## PATENT APPLICATION FEE DETERMINATION RECORD Effective January 1, 2003

Application or Docket Number

| CLAIMS AS FILED - PART I (Column 1) (Column 2)  |  |   |                   |                              |                              |                  |       | SMALL ENTITY TYPE                     |                         |         | OTHER THAN<br>OR SMALL ENTITY |                        |
|---|--|---|-------------------|------------------------------|------------------------------|------------------|-------|---------------------------------------|-------------------------|---------|-------------------------------|------------------------|
| TOTAL CLAIMS  |  |   | M                 |                              |                              |                  |       | RATE                                  | FEE                     |         | RATE                          | FEE                    |
| FOR   |  |   | NUMBER FILED      |                              | NUMBER EXTRA                 |                  |       | BASIC FEE                             | 375.00                  | OR      | basic fee                     | 750.00                 |
| TOTAL CHARGEABLE CLAIMS   |  |   | / minus 20=       |                              | . Ø                          |                  |       | X\$ 9=                                |                         | OR      | X\$18=                        |                        |
| INDEPENDENT CLAIMS  |  |   | T minus 3 =       |                              |                              |                  |       | X42=                                  | 168                     | OR      | X84=                          |                        |
| MU  | LTIPLE DEPEN                                   | DENT CLAIM P                              | REŚENT            |                              |                              |                  |       | +140=                                 | -113-5-                 | OR      | +280=                         |                        |
| * If the difference in column 1 is less than zero, enter *0" in column 2  |  |   |                   |                              |                              |                  |       | TOTAL                                 | 543                     | OR      | TOTAL                         |                        |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)  |  |   |                   |                              |                              |                  |       | SMALL                                 | ENTITY                  | OR      | OTHER<br>SMALL                |                        |
| AMENDMENT A   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                   | PIGH<br>NUM<br>PREVI<br>PAID | BER                          | PRESENT<br>EXTRA |       | RATE                                  | ADDI-<br>TIONAL<br>FEE/ |         | RATE                          | ADDI-<br>TIONAL<br>FEE |
| 200   | Total  | 18  | Minus             | ** 2.                        | J                            | = /              |       | X\$ 9≈                                |                         | OŘ      | X\$18≈                        |                        |
| AME   | Independent                                    | • 7                                       | Minus             | ***                          | 7 .                          | - /              |       | X42≈                                  | 1                       | OR      | X84=                          |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                   |                              |                              |                  |       |                                       | 7                       | OR      | +289=                         |                        |
| 3/16/7  |  |   |                   |                              |                              |                  |       | TOTAL<br>ADDIT, FEE                   | (                       | OR      | YOTAL<br>ADDIT. FEE           |                        |
| (Column 1) (Column 2) (Column 3)  |  |   |                   |                              |                              |                  |       |                                       |                         |         |                               |                        |
| ENT B   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                   | NUM<br>PREVI                 | HEST<br>IBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA |       | RATE                                  | ADDI-<br>TIONAL<br>FEE  |         | RATE                          | ADDI-<br>TIONAL<br>FEE |
| MON   | Total  | .20                                       | Minus             |                              | 10                           | - D              |       | X\$ 9=                                | 150                     | OR      | X\$18=                        |                        |
| AMENDMENT   | Independent                                    | • 7                                       | Minus             | 999                          | 7                            | -0               |       | X42=                                  |                         | ОЯ      | X84=                          |                        |
| _   | FIRST PRESE                                    | NTATION OF M                              | ULTIPLE, DEI      | PENUEN                       | I CLAIM                      | /                | J     | +140∞                                 | ·                       | OR      | +280=                         |                        |
|   | 01.1-  |   |                   |                              |                              |                  |       | TOTAL<br>ADDIT, FEE                   |                         | OR      | TOTAL<br>ADDIT, FEE           |                        |
|   | 9/28/07  | (Column 1)                                |                   | (Colu                        | mn 2)                        | (Column 3)       |       | , , , , , , , , , , , , , , , , , , , |                         |         |                               |                        |
| ENTC  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                   | PREV                         | HEST<br>MBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA |       | RATE                                  | ADDI-<br>TIONAL<br>FEE  |         | RATE                          | ADDI-<br>TIONAL<br>FEE |
| NO.   | Total  | . 20                                      | Minus             | - 0                          | 20                           | - Ø              |       | X\$ 9=                                |                         | ОЯ      | X\$18=                        |                        |
| AMENDMEN  | Independent                                    | • 7                                       | Minus             | ***                          | 7                            | .8               |       | X42=                                  | V                       | OR      | X84=                          |                        |
| Ľ   | FIRST PRESE                                    | NTATION OF M                              | IULTIPLE DE       | PENDEN                       | T CLAIN                      |                  | L     | +140=                                 | $\wedge$                | OR      | +280=                         |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  **TOTAL OR ADDIT. FEE  OR ADDIT. FEE  OR ADDIT. FEE |  |   |                   |                              |                              |                  |       |                                       |                         |         |                               |                        |
|   | The "Highest Nur<br>The "Highest Nur           | imber Previously Pa<br>inber Previously P | raid For (Total o | or indepen                   | dent) is th                  | e highest numb   | er fo | and in the ap                         | propriate bo            | ıx in a | <b>շ</b> ատո 1.               |                        |